

# Foster Family Home - Deficiency Report

Provider ID: 1-240073

Home Name: Arlene B. Agliam, CNA

Review ID: 1-240073-1

2001 Uhu Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 10/8/2024

Foster Family Home


Required Certificate

[11-800-6]

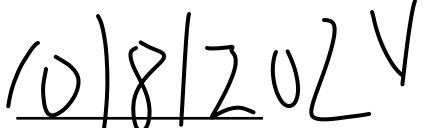
6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

10/8/2024 3:23:24 PM